

* ALL SECTIONS MUST BE
COMPLETED. INCOMPLETE
FORMS WILL BE RETURNED.

McLEAN COUNTY CHANGE OF ADDRESS FORM

Return completed form to:
Supervisor of Assessments
104 W. Front St., Room 705
PO Box 2400
Bloomington, IL 61702-2400

Book Number: _____

1. Property Identification Number:

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And/or

PARCEL NUMBER

Legal Description (Please include subdivision name and lot number): _____

Property Address: _____

2. Name currently listed on
tax records: _____

3. Date of sale _____

Deed Docket Number _____

4. Name of loan company _____

Address: Street _____

City, Zip _____

THE FOLLOWING MUST BE COMPLETED:

Tax bill should be mailed to: ____ property owner ____ loan company

5. If form is being completed by a Title Company or Loan Company
please complete following:

Company Name: _____

Contact Name: _____

Telephone Number: _____

6. Requested Change of Property Owner (Please Print)

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LAST NAME

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FIRST NAME AND INITIAL

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ADDRESS

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

CITY AND STATE

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ZIP CODE

(____) - ____ - ____
PHONE NUMBER (for verification):

7. According to Illinois law only these classifications of persons
are permitted to make name/address changes.

- ☐ Property Owner (not contract purchaser)
☐ Trustee
☐ Power of Attorney from owner or trustee

8. _____
Authorized written signature

9. _____
Authorized printed signature Date